

RIGHT-OF-WAY LANDSCAPING AMENDMENT PERMIT

Project Name: _____

(Office use only)

Property & Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	E-mail: _____
City, State and Zip Code: _____	Subdivision: _____
Applicant/Consultant's Name: _____	Telephone: _____
_____	E-mail: _____

Submittal Requirements:

Note there is no application fee or right-of-way permit required.

APP.	TOWN
Landscape Plan Provide a graphic representation of the proposed landscape plan for the tree lawn (that portion of public street right-of-way between the curb and sidewalk).	
<input type="checkbox"/> North arrow, scale, and preparation date	<input type="checkbox"/>
<input type="checkbox"/> Plan indicating detailed landscape proposal of the tree lawn with dimensions	<input type="checkbox"/>
<input type="checkbox"/> Depict plant locations with a mature spread width. Please note existing street trees	<input type="checkbox"/>
<input type="checkbox"/> Percentage of live plant ground coverage calculation (minimum 75% live groundcover)	<input type="checkbox"/>
<input type="checkbox"/> Call out the non-plant ground cover (mulch, cobble, fabric, etc.)	<input type="checkbox"/>
Provide a plant schedule with the scientific names of the proposed plants and mature <input type="checkbox"/> overall height. Plants and groundcovers shall not exceed 24" in height. Please select plants that will be close to this height at maturity to reduce the need for pruning.	<input type="checkbox"/>
<input type="checkbox"/> Note the irrigation method. Drip irrigation is recommended.	<input type="checkbox"/>

Helpful resources: (available at www.timnath.org/planning/)

- [Tree Lawn Improvement Planting Plan Exhibit](#)
- [Tree Lawn Improvement Plan Template](#)
- [Town of Timnath Residential Tree Lawn Landscaping Brochure](#)

Once you are ready to submit, please upload the application and all associated documents to planning@timnathgov.com for review. The applicant will receive instructions from the Planning Department if additional information is required. The review process will begin pending acceptance of the submittal.

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Certification: *Must be signed with **BLUE INK**.*

OWNER CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____

APPLICANT CERTIFICATION OF COMPLETED APPLICATION

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: _____ Date: _____

Staff Review and Approval

- ☐ Approval
- ☐ Approved w/ Conditions
- ☐ Deny

Signed: _____ Date: _____



Permit Conditions:

Attachments:



DATE: _____

	QNTY	COMMON NAME	SPRD	HGT
MULCH NOTE:				
IRRIGATION NOTE:				

IRRIGATION NOTE FILLED OUT

PROPOSED PLANTS SHOWN AT MATURE SIZE

TREELAWN IMPROVEMENT PLANTING PLAN

NAME: THE AWESOME FAMILY
ADDRESS: 1203 GREAT STREET
TIMNATH, CO
DATE: 4/14/2023

